

Note: If you do not have qualified experience, you may submit proof of completion of the NBFAA “Certified Alarm Technician Level I” course.

12. Have you graduated from high school, passed the high school equivalency test, or graduated from an accredited college or university? Yes _____ No _____

[Copy of High School Diploma, GED Certificate and/or College Diploma must be attached].

13. Education: (High School, Colleges, Services Schools, Professional Training)

<u>School</u>	<u>Address</u>	<u>Course</u>	<u>Date(s)</u>	<u>Degree(s)</u>
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14. Marital Status: Single _____ Married _____ Separated or Divorced _____

If married, list spouse’s employer and address _____

15. Family: First Name Middle Last Current Address Age

Father _____

Mother _____

Spouse _____

Children _____

Children _____

Children _____

16. Addresses: (List all residences during past 10 years, beginning with your current home address)

FROM TO ADDRESS OF RESIDENCE COUNTY CITY AND STATE ZIP
(Month/Year) (Month/Year)

- PRESENT

17. Military Services: Yes _____ No _____ Armed Service Number _____
If you are currently in the military, you must submit a letter from your commanding officer. Otherwise, a copy of your DD214 or Discharge must be attached.

18. Does your company currently hold either the special low-voltage (SP-LV), limited, intermediate, or unlimited North Carolina Electrical Contractor's License? Yes _____ No _____

[If yes, please submit a copy to the Board]

19. Have you ever applied for a license or registration with either the NC Private Protective Services Board or the NC Alarm Systems Licensing Board? Yes _____ No _____ If yes, when

20. Credit References

Name Street Address City State Zip
a. _____

Type of Account(s) _____

b. _____

Type of Account(s) _____

c. _____

Type of Account(s) _____

d. _____

Type of Account(s) _____

*NOTE: The Social Security Number is used to make positive identification of applicants and licensees. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of your application and may result in inaccurate records being assigned to you.

21. Character References - Must give complete address and phone number. The individual must be unrelated and disinterested person. Five character references are required. (Each character reference must complete a Personal Reference Questionnaire found on our website).

Name _____ Home Address _____ Phone () _____

Relationship: _____ Business Address _____ Phone() _____

_____ Home Address _____ Phone () _____

Relationship: _____ Business Address _____ Phone () _____

_____ Home Address _____ Phone () _____

Relationship: _____ Business Address _____ Phone () _____

_____ Home Address _____ Phone () _____

Relationship: _____ Business Address _____ Phone () _____

_____ Home Address _____ Phone () _____

Relationship: _____ Business Address _____ Phone () _____

22. List all jobs you have held in the past ten (10) years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include Military Service in proper time sequence and temporary or part-time jobs.

1. Title of present or last position _____

Complete Duties _____

_____ Number of Employees Supervised _____

Date Employed _____ Date Separated _____

Name and Title of Supervisor _____ Phone # _____

Full-time Yrs. _____ Mos. _____ Company _____

Address _____

Part-time Yrs. _____ Mos. _____ Number of hours worked per week _____

Company Name & Address _____

Reason for Leaving _____

2. Title of previous position _____

Complete Duties _____

_____ Number of Employees Supervised _____

Date Employed _____ Date Separated _____

Name and Title of Supervisor _____ Phone # _____

Full-time Yrs. _____ Mos. _____ Company _____

Address _____

Part-time Yrs. _____ Mos. _____ Number of hours worked per week _____

Company Name & Address _____

Reason for Leaving _____

3. Title of previous position _____

Complete Duties _____

_____ Number of Employees Supervised _____

Date Employed _____ Date Separated _____

Name and Title of Supervisor _____ Phone # _____

Full-time Yrs. _____ Mos. _____ Company _____

Address _____

Part-time Yrs. _____ Mos. _____ Number of hours worked per week _____

Company Name & Address _____

Reason for Leaving _____

23. Do you possess a valid motor vehicle operator's license? Yes _____ No _____

License Number _____ State _____

IF THE ANSWER TO ANY OF THE FOLLOWING IS "YES", GIVE DETAILS ON SEPARATE SHEET.

YES NO

- ___ ___ 24. Have you ever been sued to collect a debt allegedly owed by you to a creditor?
- ___ ___ 25. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?
- ___ ___ 26. Have you ever been involuntarily dismissed, fired or allowed to resign in lieu of firing?
- ___ ___ 27. Have you ever been convicted or pled guilty to a criminal offense other than minor traffic violation(s)?
- ___ ___ 28. Have you ever been required to pay a fine in excess of \$50.00?
- ___ ___ 29. Have you ever been convicted or pled guilty at a court-martial while a member of the Armed or Reserved Forces?
- ___ ___ 30. Have you ever been denied any license or had any license revoked in any state, including North Carolina (Including your driver's license)
- ___ ___ 31. Are you currently a sworn law enforcement officer or court official?
- ___ ___ 32. Have you ever been diagnosed as having a mental or emotional disorder?

COMPANY INFORMATION

33. Name of company under which you intend to do business: _____

Physical Address of Company

 Street & Number or Apt. City County State Zip

Mailing Address of Company (if different from physical location)

 Street & Number or Apt. City County State Zip

Telephone Number: _____ Fax Number: _____

- a. Will your position be managerial? Yes _____ No _____
- b. Will you exercise direct control and supervision over the registered employees? Yes _____ No _____

34. Is this business a sole proprietorship, partnership, firm, association, or corporation? _____

35. If the company under which you intend to do business is a partnership, firm, association, or corporation, have you applied for a company business license which is issued by the Board? Yes _____ No _____

36. Has the Board issued your business a company license in accordance with 12 NCAC 11 .0209?
 Yes _____ No _____

37. Full name and address of partners in the business and principal officers, directors and business manager, if any.

38. Does this company have other individuals who hold a Burglar Alarm license? Yes____ No____
If yes, list names and type(s) of license(s): _____

39. If company is out-of state, is the Qualifying Agent a resident of North Carolina? Yes____ No____

40. Who will be the designated qualifying agent? (Please give full name and address.)

I hereby certify that all answers and statements in this application are true and accurate to the best of my knowledge. I am aware that should an investigation disclose any misrepresentation or falsification, my application may be denied.

DATE _____ SIGNATURE _____

*** IMPORTANT NOTE CONCERNING FEES/CHECKS: Pursuant to G.S. 25-3-506, a \$25.00 processing fee will be charged for checks submitted to the ASL Board on which payment has been refused due to insufficient funds or the bank account has been closed.**

FOR OFFICE USE ONLY			
Entered Application _____	Entered Fees _____	CCH _____	CRMS _____
AOC _____	Processed _____	Sent Back _____	
Complaint Files Reviewed _____	Period Checked _____		
Assigned Investigator _____	Date _____		